



FUN KID-FIT®

Physical Education Classes For Preschoolers

AEROBIC FITNESS CONSULTANTS, INC.

11:30am – 12:00pm

Fridays

Diamond Indoor Field

2782 Diamond St NE, Canton

Classes are year round

Join anytime

NEW DAY &

\$10 / drop-in class

\$30 /month (4 classes)

\$80 / 3 months (12 classes)



2-5 year olds will enjoy:

Sports * Gymnastics * Games

Music * Strengthening

Aerobics * Stretching

Relaxation * Dancing

Learning about their body

Nutrition

and much, much more!

Sign up in advance or at the class – space is limited

Classes are the first 4 weeks of each month

Registration form on reverse

Email char@happyhealthy-kids.com

or call (330) 639-5658



REGISTRATION & CONSENT FORM

KID-FIT™ is a complete exercise class for children done to kid’s music incorporating fun equipment and props. It's much like normal child's play, but more structured and continuous.

Our four goals are to:

- 1) build healthy lifestyles including sound eating and regular exercise
- 2) practice basic sports skills for an active life in adulthood
- 3) teach about the body - heart, lungs, muscles, bones, teeth, safety, etc.
- 4) cultivate self-esteem

Please PRINT all information, sign, and return completed form with payment via mail or email to char@happyhealthy-kids.com

Child’s Name _____

Gender _____ Age _____ Birth Date _____

Parent's Name _____ Home Phone# _____

Cell Phone _____ Email _____

Address _____ City _____ Zip _____

Physician’s Name and Telephone _____

Emergency Contact Name and Telephone _____

Medical Conditions or Important Information about your child (List any illnesses, muscle, joint or physical ailment, or other condition we should know about) _____

WAIVER AND RELEASE

I certify that the child named above is able to participate in this exercise program. In signing below, I release Happy Healthy Kids LLC/KID-KIT and Plain Township/Plain Township Board of Trustees from any claims or responsibility for injuries suffered during physical education classes. On behalf of my child, I knowingly assume all risks associated with participation.

Parent's Signature _____ Date _____

Class Location _____ KID-FIT day/time _____

PHOTO RELEASE

I hereby give Happy Healthy Kids LLC (KID-FIT) permission to take photographs/video of my child or photographs/video in which my child may be involved with others for the purpose of promoting the KID-FIT program. I hereby release and discharge Happy Healthy Kids/KID-FIT and Plain Township/Plain Township Board of Trustees from any and all claims arising out of use of the photos. I am above the age of 18. I have read the foregoing document and fully understand its contents.

Name: _____ Signature: _____

Relationship to Child: _____ Date: _____

PAYMENT OPTION: Circle one: \$30/month (4 classes) \$80/ 3 months (12 classes)

Make checks payable to: Happy Healthy Kids , 6338 Augusta Ave NW, Canton, OH 44718

There is no credit for missed classes. www.happyhealthy-kids.com

For Office use only: Payment Rec’d Date: _____ Check # _____